

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

CRF

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

Title ::

METHOD AND NUCLEIC ACIDS FOR THE
IMPROVED TREATMENT OF BREAST CELL
PROLIFERATIVE DISORDERS

Attorney Docket Number::

47675-93

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?:

No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NL
Status:: Full capacity
Given Name:: John
Middle Name::
Family Name:: Foekens
Name Suffix::
City of Residence:: Rotterdam
State or Province of Residence::
Country of Residence:: NL NHX
Street of mailing address:: Filosofentuin 35
City of mailing address:: Rotterdam
State or Province of mailing address::
Country of mailing address:: NL
Postal or Zip Code of mailing address:: NL-2908 XA

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full capacity
Given Name:: Nadia
Middle Name::
Family Name:: Harbeck
Name Suffix::
City of Residence:: Otterfing
State or Province of Residence:: DE

Country of Residence:: DE
Street of mailing address:: Palnkamer Strasse 49
City of mailing address:: Otterfing
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 83624

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full authority

30 Given Name:: Thomas

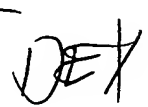
Middle Name::

Family Name:: Koenig

Name Suffix::

City of Residence:: Berlin

State or Province of Residence::

Country of Residence:: DE 

Street of mailing address:: Skalitzer Strasse 18

City of mailing address:: Berlin

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 10999

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full authority
400 Given Name:: Sabine
Middle Name::
623 Family Name:: Maier
Name Suffix::
City of Residence:: Berlin ~~DEX~~
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Markelstrasse 60
City of mailing address:: Berlin
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 12163

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NL
Status:: Full authority
500 Given Name:: John
Middle Name::
Family Name:: Martens
Name Suffix::
City of Residence:: Rotterdam ~~NLV~~
State or Province of Residence::

Country of Residence:: NL
Street of mailing address:: Schiekade 121 h
City of mailing address:: Rotterdam
State or Province of mailing address::
Country of mailing address:: NL
Postal or Zip Code of mailing address:: NL-3055 BK

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full authority

 Given Name:: Fabian

Middle Name::

Family Name:: ~~Model~~

Name Suffix::

City of Residence:: Berlin

State or Province of Residence::

Country of Residence:: DE 

Street of mailing address:: Dedenzerstrasse 73

City of mailing address:: Berlin

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 12683

Seventh Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

DE

Status::

Full authority

7-00 Given Name::

Inko

Middle Name::

Family Name::

Nimmrich

Name Suffix::

City of Residence::

Berlin DEX

State or Province of Residence::

Country of Residence::

DE

Street of mailing address::

Heinz-Kapelle-Strasse 9

City of mailing address::

Berlin

State or Province of mailing address::

Country of mailing address::

DE

Postal or Zip Code of mailing address::

10407

Eighth Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

DE

Status::

Full authority

8-00 Given Name::

Tamas

Middle Name::

Family Name::

Rujan

Name Suffix::

City of Residence::

Berlin DEX

State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Vinetastr. 7
City of mailing address:: Berlin
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 13189

Ninth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full authority

920

Given Name:: Armin
Middle Name::
Family Name:: Schmitt
Name Suffix::

City of Residence:: Berlin ~~DEX~~

State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Hortensienstrasse 29
City of mailing address:: Berlin
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 12203

Tenth Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

DE

Status::

Full authority

10-10 Given Name::

Manfred

Middle Name::

Family Name::

Schmitt

Name Suffix::

City of Residence::

Munich *DEX*

State or Province of Residence::

Country of Residence::

DE

Street of mailing address::

Hohenaschauerstrasse 10

City of mailing address::

Munich

State or Province of mailing address::

Country of mailing address::

DE

Postal or Zip Code of mailing address::

81669

Eleventh Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

NL

Status::

Full authority

11-10 Given Name::

Maxime

Middle Name::

P.

Family Name::

Look

Name Suffix::

City of Residence::

Amsterdam *NH*

State or Province of Residence::

Country of Residence:: NL
Street of mailing address:: Stade de Colombes 55
City of mailing address:: VS Amsterdam
State or Province of mailing address::
Country of mailing address:: NL
Postal or Zip Code of mailing address:: NL-1098

Twelfth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full authority

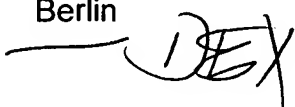
 Given Name:: Almuth

Middle Name::

Family Name:: Marx

Name Suffix::

City of Residence:: Berlin

State or Province of Residence:: 

Country of Residence:: DE

Street of mailing address:: Wicherstrasse 45

City of mailing address:: Berlin

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 10439

13th Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: AT
Status:: Full authority
13-0 Given Name:: Heinz
Middle Name::
Family Name:: Hoefler
Name Suffix::
City of Residence:: Munich
State or Province of Residence:: DE
Country of Residence:: DE
Street of mailing address:: Ismaningerstrasse 64
City of mailing address:: Munich
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 81675

Correspondence Information

Correspondence Customer Number:: 22504

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number:

E-Mail address:: barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National stage of	PCT/EP2003/010881	10/01/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	10245779.4	10/01/02	Yes
DE	10300096.8	01/07/03	Yes
DE	10317955.0	04/17/03	Yes

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	